

Sec. 137. 1. *The Division shall register and track the attending physicians licensed in this State who advise a patient that the medical use of marijuana may mitigate the symptoms or effects of the patient's medical condition. To the extent possible, the Division shall maintain a confidential record of:*

(a) The number of patients to whom a physician advises that the medical use of marijuana may mitigate the symptoms or effects of the patients' medical conditions;

(b) The chronic or debilitating medical conditions of such patients;

(c) The number of times a physician advises each patient that the medical use of marijuana may mitigate the symptoms or effects of the patient's medical condition;

(d) The number of different chronic or debilitating medical conditions for which a physician advises each patient that the use of medical marijuana may mitigate the symptoms or effects of the patient's medical conditions; and

57(e) How frequently a physician advises each patient that the medical use of marijuana may mitigate the symptoms or effects of the patient's medical condition.

2. Based on its evaluation of the records maintained pursuant to subsection 1, if the Division determines that an attending physician is advising patients that the medical use of marijuana may mitigate the symptoms or effects of the patients' medical conditions at a rate that is unreasonably high, the Division shall notify the Board of Medical Examiners or the State Board of Osteopathic Medicine, so that the appropriate Board may subject the physician to the progressive discipline process of that Board.

3. The Division shall, for each calendar year, submit to the Board of Medical Examiners and the State Board of Osteopathic Medicine the number of patients to whom each physician licensed by that Board recommended the medical use of marijuana.

4. If the Division has reason to believe that the public health, safety or welfare imperatively requires action, the Division may refer a case involving an alleged violation by a physician of any provision of Nevada law or regulation related to the medical use of marijuana to the Board of Medical Examiners or the State Board of Osteopathic Medicine.

This is borderline punitive. Medical doctors are already skeptical about referring patients for medical marijuana for fear of losing federal prescription rights. They would like to see some support from the state. 57(e) 2 and 3 proposes excessive scrutiny to the point that many doctors will avoid recommending medical marijuana. No doctor wants to be put under the microscope of the State Medical Board.

Medical Marijuana recommendations from attending physicians is bottle necking MMJ registration cards in Northern Nevada. It is likely through word of mouth or social media that MMJ card holders will refer patients to doctors who provide these services. By demand, a doctor could operate a niche practice of MMJ recommendations and 57(e) 2 and 3 discourages industry growth and success at the attending physician level.

As long as the attending physician is following Nevada Revised Statutes, there is no reason to report how frequently a physician advises his or her patients.

I propose striking 57(e) 2. and 3. 57(e) 4 is sufficient.

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